

BEST AVAILABLE COPY

CLAIMS ONLY							Application Number <i>10685370</i>		Filing Date		
							Applicant(s)				
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1							51				
2							52				
3							53				
4							54				
5							55				
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42		/					92				
43	/						93				
44		/					94				
45		/					95				
46		/					96				
47		/					97				
48		/					98				
49		/					99				
50		/					100				
Total Indep							Total Indep				
Total Depend							Total Depend				
Total Claims							Total Claims				